Approved for use through 7/31/2006. OMB 0651-003 2

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION PECONO

PROVIDENCE OF THE PROVI

	•		P.	ATENT ,	APPLI	CATION	EE D	ETER	AINAT	ION RE	CORD	information	k Office: (unless if	J.S. O displa	EPARTMEN	IT OF CO MB contri	0651-00 MMER(of mumb	
		PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875													Application or Doctel Number			
	CLAIMS AS FILED - PART I (Column 1)												——		20	$\propto 2$	2/	
		BASIC FEE	FOR		NUMBER FILED			(Column 2) NUMBER EXTRA			SMALL ENTITY			R	OTHER THAN SMALL ENTITY			
	•	(37 CFR 1.	16(a))					L			RATE FEE		1		RATE	\top	EE	
		(37 CFR 1.16(c)) INDEPENDENT CLAIMS			minus 20 =			•		1 -			OF	: L		1,		
		TOT CFR 1.1	<u>e(p))</u>		minus 3 =			•			X \$ =		OR		: : : =	1	-	
		MULTIPLE D					1.16(d))		× 5_	= -	·	OR	L	s=			
٠	-	· If the differe	ence in c	olumn 1 is le	ess (han	zero, enter "0" in column 2			ــــــــــــــــــــــــــــــــــــــ	. [+ 5_	==-		· OR	+	\$=			
	CLAIMS AS AMENDED - PART II												OR		TOTAL.			
	16-22-0E																	
		0	1	CLAIMS REMAININ		HIG	lumn 2) HEST	(Colur		SM	ALL EN	TITY	OR		OTHER	THAN		
		Total (37 CFR 1.16 (37 CFR 1.16 (37 CFR 1.16	AFTER AMENDME	FTER		NUMBER PRESI PREVIOUSLY EXTE PAID FOR		ENT RA	RAT	RATE .			,	SMALL E				
		Total (37 CFR 1.10 Independent	6(c))	23		nus " 3	4	1=>	- 1	-		IONAL FEE				ADDI TIONA FEE		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(37 CFR 1.16	(6))	4	Minus :			1			x : 25 =			X \$_	50 ₌		\exists	
	-	FIRST PRE	SENTATIO	ON OF MULTI	N OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	DR x:200=				
			•			J t	TOTAL			OR 1	+ 53	(D=		\exists				
	, •			Column 1)		(Colun	n 2)	(Calum		ADD'L FE	ADD'L FEE OF			ATOTA 1'OOA	FEE		7	
	F		RE	CLAIMS MAINING AFTER		HIGHE	ST	(Column									7	
	MENT	Total	AMI	ENDMENT	<u> </u>	PREVIOU PAID FO	SLY	EXTRA	11	RATE	AD TIO			RAT	,	ADDI-	1.	
	밁	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	+		Minus			= .	7 L	: <u>Z5</u> =	FE	E				IONAL FEE	1	
	AME)				Minus				11	: 100=	 			: <u>5</u> E] '	
r		FIRST PRESEN	MOITATE	OF MULTIPLE	DEPENC	DENT CLAIM (3	7 CFR 1.	16(d))	III	:1BO=	 	→ °		20]	
1		•				•		TO	DTAL DO'L FEE	 	- I OI		<i>3(2</i>) TAL	2=				
		· · · · · · · · · · · · · · · · · · ·	CL	(mn 1) AIMS		(Column 2) (c	(Column 3)		o c , ċc	L	OF	R ADI	D'L FE	E			
E			.REM/	AINING TER	- 1	HIGHEST	PF	RESENT		RATE		<u> </u>			·			
OME	(3)	Total 7 CFR 1.16(c))	AMEN	DMENT	Minus	PREVIOUSL PAID FOR		XTRA		WIE .	ADDI- TIONAI	.	R	ATE :	AD	DI-		
AMENDMENT	Inc (37	dependent CFR 1.16(b))	•			***	1=		X \$_	25 =	FEE	4 _	-		TION FE			
A	FIR		TION OF		LE DEPENDENT CLAIM (37 CFR				x \$ /	OR OR			X \$	 -		\dashv		
			OF I	HOLIPLE DE	PENDEN	TCLAIM (37 C	FR 1.16(d))	+ 3/	180=		OR	× \$ Z		+			
•	lf th	/ ne entry in colu ne "Highest Nu e "Highest Nu	ımn 1 isl	ess than the	entry in	Columbia			TOTA			7	+ 3		 	\dashv		
***	If the	e "Highest Nur "Highest Nur "Highest Num	mber Pre	viously Paid viously Paid	For IN	THIS SPACE	e "0" in is less ti	column 3. han 20, en		<u> </u>		OR	ADD'L	FEE	<u></u>	_		
is ∞ PTO	llecti to p	"Highest Num on of information	lion is re	ously Paid F quired by 3	or (Tota	or Independe	ent) is th	ian 3, ente le highest	r "3". number f	ound in the	appropris	le hovin =	···-			1	•	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the armount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2